

## Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

First name: Teresa  
 Middle name: A  
 Last name: Lanier  
 Suffix (Sr., Jr., II, III):

**About Debtor 2 (Spouse Only in a Joint Case):****2. All other names you have used in the last 8 years**

Include your married or maiden names.

Teresa Ann Lanier  
Teresa Lanier

First name: James  
 Middle name: S  
 Last name: Lanier  
 Suffix (Sr., Jr., II, III):

Steven Lanier  
James Steven Lanier  
James Lanier

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 7 4 0 5

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - 8 9 5 5

OR

9 xx - xx - \_\_\_\_\_

Debtor 1

Teresa A Lanier & James S Lanier

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name

Case number (if known)

Debtor 1 Teresa A Lanier & James S Lanier Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**  No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes.  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Teresa A Lanier & James S Lanier Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.  
 Yes. Name and location of business

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Teresa A Lanier & James S Lanier Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

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**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input checked="" type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Teresa A Lanier

Signature of Debtor 1

Executed on 10/14/2022

MM / DD / YYYY

 /s/ James S Lanier

Signature of Debtor 2

Executed on 10/14/2022

MM / DD / YYYY

Debtor 1 Teresa A Lanier & James S Lanier Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Cecil W. Heaton

Signature of Attorney for Debtor

Date

10/14/2022

MM / DD / YYYY

Cecil W. Heaton

Printed name

Heaton Law Firm

Firm name

2 E. 11th St,

Number Street

Suite 112

Edmond

OK

73034-3990

City

State

ZIP Code

Contact phone (405) 330-8184

Email address cecilheaton@SBCGlobal.net

20502

OK

Bar number

State

**Fill in this information to identify your case:**

Debtor 1	Teresa A Lanier	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	James S Lanier	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Western District of Oklahoma		
Case number (If known)		

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information 12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		<u>\$345,050.00</u>
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....		<u>\$345,050.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....		<u>\$429,029.82</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....		<u><b>\$774,079.82</b></u>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		<u>\$171,261.00</u>
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....		<u>\$171,261.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		<u>\$0.00</u>
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....		<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....		<u>+ \$126,780.00</u>
		<b>Your total liabilities</b> <u><b>\$298,041.00</b></u>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	<u>\$5,333.28</u>
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$5,333.28</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	<u>\$3,185.00</u>
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$3,185.00</u>

Teresa Lanier &amp; James Lanier

Debtor 1

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 11,368.11

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 16,401.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
<b>9g. Total.</b> Add lines 9a through 9f.	\$ 16,401.00

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

**This notice is for you if:**

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee	
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Chapter 12: Repayment plan for family farmers or fishermen**

\$200	filing fee
+	\$78 administrative fee
<hr/>	
\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

**Chapter 13: Repayment plan for individuals with regular income**

\$235	filing fee
+	\$78 administrative fee
<hr/>	
\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

# United States Bankruptcy Court

Western District of Oklahoma

**In re** Teresa A Lanier & James S Lanier

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>13</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept .....	\$ 2,000.00
Prior to the filing of this statement I have received.....	\$ 500.00
Balance Due.....	\$ 1,500.00

RETAINER

For legal services, I have agreed to accept a retainer of .....	\$ _____
The undersigned shall bill against the retainer at an hourly rate of .....	\$ _____
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify) Metlife Legal Paln

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
Representation in Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/14/2022

/s/ Cecil W. Heaton, 20502

*Date*

*Signature of Attorney*

Heaton Law Firm

*Name of law firm*  
2 E. 11th St,  
Suite 112  
Edmond, OK 73034-3990

**Fill in this information to identify your case and this filing:**Debtor 1 Teresa A Lanier

First Name Middle Name Last Name

Debtor 2 James S Lanier

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Oklahoma

Case number \_\_\_\_\_  
(if known) Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2  
 Yes. Where is the property?

1.1 2009 Powderhorn

Street address, if available, or other description

**What is the property? Check all that apply**

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property? Current value of the portion you own?**

\$ 345,050.00      \$ 345,050.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint tenant \_\_\_\_\_

Check if this is community property

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:****2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>**

\$ 345,050.00

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

Debtor 1 Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

3.1 Make: MercedesModel: SLK280Year: 2008Approximate mileage: 85000

Other information:

Condition: Good;**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property (see instructions)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$ 7,500.00</u>	<u>\$ 7,500.00</u>

3.2 Make: MercedesModel: ML350Year: 2012Approximate mileage: 130,000

Other information:

Condition: Fair;**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property (see instructions)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$ 7,500.00</u>	<u>\$ 7,500.00</u>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

5. you have attached for Part 2. Write that number here..... ➤

\$ 15,000.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?****6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

Do not deduct secured claims or exemptions.

No  
 Yes. Describe...

Tables, chairs, sofas, beds etc.

\$ 2,500.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe...

Computers, cell phones, lap top etc.

\$ 500.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe...

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe...

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe...

Debtor 1 Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No  
 Yes. Describe...

Wearing apparel	\$ 1,500.00
-----------------	-------------

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

No  
 Yes. Describe...

Wedding rings	\$ 250.00
---------------	-----------

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses

No  
 Yes. Describe...

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information...

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....

\$ 4,750.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes..... Cash ..... \$ \_\_\_\_\_

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes..... Institution name:  
 17.1. Checking account: IBC Oklahoma \$ 150.00  
 17.2. Checking account: IBC Oklahoma \$ 200.00  
 17.3. Checking account: IBC Oklahoma \$ 5.00

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....  
 Institution or issuer name:  
 United Healthcare \$ 974.82  
 Fidelity \$ 500.00

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Debtor 1 Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them.....

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately

Type of account      Institution name

401(k) or similar plan:	Fidelity	\$ <u>13,950.00</u>
401(k) or similar plan:	Fidelity 401K	\$ <u>393,500.00</u>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes.....

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No  
 Yes.....

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes.....

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years...

Federal:	\$ <u>0.00</u>
State:	\$ <u>0.00</u>
Local:	\$ <u>0.00</u>

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information....

Debtor 1 Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information....

**31. Interests in insurance policies**

No  
 Yes. Name the insurance company of each policy and list its value....

**32. Any interest in property that is due you from someone who has died**

No  
 Yes. Give specific information....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

No  
 Yes. Give specific information....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Give specific information....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ 409,279.82

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$ 0.00

Debtor 1

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....	➤	\$ 345,050.00
56. Part 2: Total vehicles, line 5		\$ 15,000.00
57. Part 3: Total personal and household items, line 15		\$ 4,750.00
58. Part 4: Total financial assets, line 36		\$ 409,279.82
59. Part 5: Total business-related property, line 45		\$ 0.00
60. Part 6: Total farm- and fishing-related property, line 52		\$ 0.00
61. Part 7: Total other property not listed, line 54		+ \$ 0.00
62. Total personal property. Add lines 56 through 61 .....		\$ 429,029.82
	Copy personal property total➤	+ \$ 429,029.82
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$ 774,079.82

## Fill in this information to identify your case:

Debtor 1	Teresa A Lanier		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	James S Lanier		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Oklahoma			
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2009 Powderhorn	Copy the value from <i>Schedule A/B</i>  \$ 345,050.00	Check only one box for each exemption  <input checked="" type="checkbox"/> \$ 173,789.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(1) ; § 1 (A)(2) ; § 2
Line from <i>Schedule A/B</i> : 1.1 Brief description: 2008 Mercedes SLK280	\$ 7,500.00	<input checked="" type="checkbox"/> \$ 7,500.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(13)
Line from <i>Schedule A/B</i> : 3.1 Brief description: 2012 Mercedes ML350	\$ 7,500.00	<input checked="" type="checkbox"/> \$ 7,500.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(13)
Line from <i>Schedule A/B</i> : 3.2			

## 3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor

Teresa A Lanier &amp; James S Lanier

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Household Goods - tables, chairs, sofas, beds etc. Brief description:	\$ 2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(3)
Line from Schedule A/B: 6 Brief description: Electronics - Computers, cell phones, lap top etc.	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(3)
Line from Schedule A/B: 7 Brief description: Clothing - Wearing apparel	\$ 1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(7)
Line from Schedule A/B: 11 Brief description: Jewelry - Wedding rings	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(8)
Line from Schedule A/B: 12 Brief description: IBC Oklahoma (Checking Account)	\$ 150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(18); 31 Okla. Stat. Ann. Å§ 1.1, 12 Okla. Stat. Ann. 1171.1
Line from Schedule A/B: 17.1 Brief description: IBC Oklahoma (Checking Account)	\$ 200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(18); 31 Okla. Stat. Ann. Å§ 1.1, 12 Okla. Stat. Ann. 1171.1
Line from Schedule A/B: 17.2 Brief description: IBC Oklahoma (Checking Account)	\$ 5.00	<input checked="" type="checkbox"/> \$ 5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. Stat. Ann. § 1 (A)(18); 31 Okla. Stat. Ann. Å§ 1.1, 12 Okla. Stat. Ann. 1171.1
Line from Schedule A/B: 17.3 Brief description: Fidelity (Money Market)	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	74 Okla. Stat. Ann. § 923
Line from Schedule A/B: 18 Brief description: Fidelity	\$ 13,950.00	<input checked="" type="checkbox"/> \$ 13,950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	74 Okla. Stat. Ann. § 923
Line from Schedule A/B: 21 Brief description: Fidelity 401K	\$ 393,500.00	<input checked="" type="checkbox"/> \$ 393,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	74 Okla. Stat. Ann. § 923
Line from Schedule A/B: 21 Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

## Fill in this information to identify your case:

Debtor 1 Teresa A Lanier  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2 James S Lanier  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: Western District of Oklahoma

Case number \_\_\_\_\_

Check if this is  
an amended  
filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
		\$ 171,261.00	\$ 345,050.00	\$ 0.00
<p>Nstar/Cooper    Creditor's Name</p> <p>350 Highland    Number Street</p> <p>Houston TX 77067    City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p>Date debt was incurred <u>2013</u></p>		<p>2009 Powderhorn, Edmond, OK 73034 - \$345,050.00</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number 8620</p>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 171,261.00

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## Fill in this information to identify your case:

Debtor 1 Teresa A Lanier  
 First Name   Middle Name   Last Name  

Debtor 2 James S Lanier  
 (Spouse, if filing)   First Name   Middle Name   Last Name  

United States Bankruptcy Court for the: Western District of Oklahoma

Case number    
 (if known)

Check if this is  
 an amended  
 filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing else to report in this part. Submit to the court with your other schedules.  
 Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Amex Nonpriority Creditor's Name Po Box 297871 Number Street Fort Lauderdale FL 33329 City State ZIP Code	Last 4 digits of account number 4883 When was the debt incurred? 2004  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$ <u>21,411.00</u>
	<b>Who owes the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.2	<p>Amex</p> <p>Nonpriority Creditor's Name Po Box 297871 Number Street Fort Lauderdale FL 33329 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4873</p> <p>When was the debt incurred? 1998</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 25,549.00
4.3	<p>Amex</p> <p>Nonpriority Creditor's Name Po Box 297871 Number Street Fort Lauderdale FL 33329 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4643</p> <p>When was the debt incurred? 1998</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 7,494.00
4.4	<p>Amex</p> <p>Nonpriority Creditor's Name Po Box 297871 Number Street Fort Lauderdale FL 33329 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6463</p> <p>When was the debt incurred? 1996</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 5,216.00

4.5	<p>Best Buy/Cbna Nonpriority Creditor's Name 50 Northwest Point Road Number Street Elk Grove Village IL 60007 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0621 <b>When was the debt incurred?</b> 2010 <span style="float: right;">\$ 4.00</span></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>
4.6	<p>Faircloud HOA Nonpriority Creditor's Name 1326 Fretz Dr Number Street Edmond OK 73003 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6986 <b>When was the debt incurred?</b> 06/2022 <span style="float: right;">\$ 210.00</span></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify HOA Fees</p>
4.7	<p>Jpmcb Card Nonpriority Creditor's Name Po Box 15369 Number Street Wilmington DE 19850 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number **** <b>When was the debt incurred?</b> 2006 <span style="float: right;">\$ 936.00</span></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>

4.8	<p><b>Lvnv Funding Llc</b> Nonpriority Creditor's Name Po Box 1269 Number Street Greenville SC 29602 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 0893  <b>When was the debt incurred?</b> 2020</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 5,676.00
4.9	<p><b>Lvnv Funding Llc</b> Nonpriority Creditor's Name Po Box 1269 Number Street Greenville SC 29602 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 0073  <b>When was the debt incurred?</b> 2020</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 5,612.00
4.10	<p><b>Macys/Cbna</b> Nonpriority Creditor's Name Po Box 8218 Number Street Mason OH 45040 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> ****  <b>When was the debt incurred?</b> 2004</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 21.00

4.11	<b>Marriott</b> Nonpriority Creditor's Name 1200 Hwy 98 South, International Number Street Lakeland FL 33801 City State ZIP Code		<b>Last 4 digits of account number</b> <u>50.00</u> <b>When was the debt incurred?</b> <u>2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.12	<b>Marriott Ownership Res</b> Nonpriority Creditor's Name 1200 Bartow Rd Ste A Number Street Lakeland FL 33801 City State ZIP Code		<b>Last 4 digits of account number</b> <u>7229</u> <b>When was the debt incurred?</b> <u>2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.13	<b>Midland Credit Management</b> Nonpriority Creditor's Name PO Box 301030 Number Street Los Angeles CA 90030 City State ZIP Code		<b>Last 4 digits of account number</b> <u>1463</u> <b>When was the debt incurred?</b> <u>2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt

4.14	<p>Navient</p> <p>Nonpriority Creditor's Name Po Box 9655 Number Street Wilkes Barre PA 18773 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8531</p> <p>When was the debt incurred? 2006</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify</p>	\$ 8,524.00
4.15	<p>Navient</p> <p>Nonpriority Creditor's Name Po Box 9655 Number Street Wilkes Barre PA 18773 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8549</p> <p>When was the debt incurred? 2007</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify</p>	\$ 7,877.00
4.16	<p>Nordstom/Td</p> <p>Nonpriority Creditor's Name 13531 E Caley Av Number Street Englewood CO 80111 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4189</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 14,792.00

4.17	<b>Portfolio</b> Nonpriority Creditor's Name 120 Corporate Blvd, Ste 1 Number Street Norfolk VA 23502 City State ZIP Code	Last 4 digits of account number 3748 When was the debt incurred? 2020 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,677.00
	<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.18	<b>Portfolio Recov Assoc</b> Nonpriority Creditor's Name 150 Corporate Blvd Number Street Norfolk VA 23502 City State ZIP Code	Last 4 digits of account number 3748 When was the debt incurred? 2020 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,677.00
	<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.19	<b>Wf/Dillard</b> Nonpriority Creditor's Name Po Box 14517 Number Street Des Moines IA 50306 City State ZIP Code	Last 4 digits of account number 6937 When was the debt incurred? 2005 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,604.00
	<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

American Recovery Service Inc Creditor's Name 555 St Charles Drive Number Street Suite 100	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured
Thousand Oaks CA 91360 City State ZIP Code	Last 4 digits of account number 3008

<p>American Recovery Service Inc  Creditor's Name  555 St Charles Drive  Number Street  Suite 100</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number 2003</p>
<p>Thousand Oaks CA 91360  City State ZIP Code</p>			
<p>Hood &amp; Stacy PA  Creditor's Name  Po Box 271  Number Street  Bentonville AR 72712  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number 1029</p>
<p>Hood &amp; Stacy, P.A.  Creditor's Name  PO Box 271  Number Street  Bentonville AR 72712  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number 5236</p>
<p>Jefferson Capital Systems, LLC  Creditor's Name  PO Box 11407  Number Street  Birmingham AL 35246  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.16 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number 4189</p>
<p>Love, Beal and Nixon  Creditor's Name  PO Box 32738  Number Street  Oklahoma City OK 73123  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.9 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number</p>
<p>Love, Beal and Nixon  Creditor's Name  PO Box 32738  Number Street  Oklahoma City OK 73123  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number</p>
<p>Radius Global Solutions LLC  Creditor's Name  PO Box 357  Number Street  Ramsey NJ 07446  City State ZIP Code</p>			<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims  <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p>Last 4 digits of account number 1100</p>

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a. \$ <u>0.00</u>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b. \$ <u>0.00</u>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. \$ <u>0.00</u>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$ <u>0.00</u>
		Total claim
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f. \$ <u>16,401.00</u>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <u>0.00</u>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <u>0.00</u>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>110,379.00</u>
	6j. <b>Total.</b> Add lines 6f through 6i.	6j. \$ <u>126,780.00</u>

**Fill in this information to identify your case:**

Debtor 1 Teresa A Lanier  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2 James S Lanier  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: Western District of Oklahoma

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease State what the contract or lease is for

## Fill in this information to identify your case:

Debtor 1 Teresa A Lanier  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2 James S Lanier  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: Western District of Oklahoma

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Teresa A Lanier		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Oklahoma			
Case number (if known) _____			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

Sales

Employer's name

United Healthcare

Employer's address

755 Research Parkway

Number Street

Number Street  
Ste 160

City State ZIP Code

City State ZIP Code

How long employed there?

Oklahoma City, OK 73104

City State ZIP Code

11 years

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>11,368.11</u>
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>11,368.11</u>

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b>	→ 4. \$ 0.00	\$ 11,368.11
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 0.00	\$ 2,511.17
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ 0.00
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ 1,753.30
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ 1,129.03
5e. <b>Insurance</b>	5e. \$ 0.00	\$ 713.51
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ 0.00
5g. <b>Union dues</b>	5g. \$ 0.00	\$ 0.00
5h. <b>Other deductions. Specify: HSA</b>	5h. + \$ 0.00	+ \$ 249.99
AD&D, Critical	\$ 0.00	\$ 52.81
Stock	\$ 0.00	\$ 348.14
See continuation page attached	\$ 0.00	\$ 40.88
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 6,798.83
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ 4,569.28
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ 0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. <b>Unemployment compensation</b>	8d. \$ 0.00	\$ 0.00
8e. <b>Social Security</b>	8e. \$ 764.00	\$ 0.00
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ 0.00	\$ 0.00
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ 0.00
8h. <b>Other monthly income. Specify:</b> _____	8h. + \$ 0.00	+ \$ 0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 764.00	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 764.00	+ \$ 4,569.28 = \$ 5,333.28
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ _____	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.		
Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 5,333.28	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Teresa A Lanier &amp; James S Lanier

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 106I**

## 5h. Other Deductions:

Legal &amp; Giving Pledge (Joint Debtor) \$40.88

Garnishment &amp; Fee (Joint Debtor) \$0.00

## Fill in this information to identify your case:

Debtor 1	Teresa A Lanier	
	First Name	Middle Name
	James S Lanier	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Western District of Oklahoma		
Case number (If known)		(State)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

 No Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 0.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 100.00
4d.	\$ 35.00

Debtor 1 **Teresa A Lanier & James S Lanier**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>579.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>345.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	
	7. \$ <u>800.00</u>
<b>8. Childcare and children's education costs</b>	
	8. \$ <u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	
	9. \$ <u>275.00</u>
<b>10. Personal care products and services</b>	
	10. \$ <u>120.00</u>
<b>11. Medical and dental expenses</b>	
	11. \$ <u>0.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	
	12. \$ <u>540.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	
	13. \$ <u>150.00</u>
<b>14. Charitable contributions and religious donations</b>	
	14. \$ <u>100.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>141.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
	16. \$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	
	18. \$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	
	19. \$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 **Teresa A Lanier**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

21. <b>Other.</b> Specify: _____ _____ _____	21. +\$ _____ 0.00 +\$ _____ +\$ _____
--	--

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21. \$ 3,185.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 3,185.00

23. <b>Calculate your monthly net income.</b> 23a. Copy line 12 ( <i>your combined monthly income</i> ) from <i>Schedule I</i> . <span style="border: 1px solid black; padding: 2px;">\$ 5,333.28</span>	23a. \$ 5,333.28
23b. Copy your monthly expenses from line 22c above. <span style="border: 1px solid black; padding: 2px;">-\$ 3,185.00</span>	23b. -\$ 3,185.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . <span style="border: 1px solid black; padding: 2px;">\$ 2,148.28</span>	23c. \$ 2,148.28

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

## Fill in this information to identify your case:

Debtor 1	<u>Teresa A Lanier</u>	
	First Name	Middle Name
	Last Name	
Debtor 2	<u>James S Lanier</u>	
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the Western District of Oklahoma		
Case number (If known)		

Check if this is an amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Teresa A Lanier

Signature of Debtor 1

Date 10/14/2022  
MM / DD / YYYY

**X** /s/ James S Lanier

Signature of Debtor 2

Date 10/14/2022  
MM / DD / YYYY

<b>Fill in this information to identify your case:</b>		
Debtor 1	Teresa A Lanier	
	First Name	Middle Name
Debtor 2	James S Lanier	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Western District of Oklahoma		
Case number (if known) _____		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H)

#### Part 2: Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>  (January 1 to December 31, <u>2021</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>71,375.14</u>
<b>For last calendar year:</b>  (January 1 to December 31, <u>2021</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>119,475.00</u>
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2020</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>110,950.00</u>

Debtor Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<u>Social Security</u>	<u>\$ 6,112.00</u>	<u>Employment</u>	<u>\$</u>
<b>For last calendar year:</b> (January 1 to December 31, <u>2021</u> )	<u>Social Security</u>	<u>\$ 8,652.00</u>	<u>Employment</u>	<u>\$</u>
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2020</u> )	<u>Social Security</u>	<u>\$ 8,544.00</u>	<u>Employment</u>	<u>\$</u>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?** *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No.

Yes. List all payments that benefited an insider.

Debtor

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title: Lvn Funding Llc, Plaintiff v. Teresa Lanier, Defendant. Case number: <u>CS-2022-442</u>	Indebtedness; Date filed: 01/20/2022	District Court of Oklahoma County Court Name 320 Robert S. Kerr Ave Number Street Oklahoma City OK 73102 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title: LVNV Funding LLC, Plaintiff, v. Teresa A Lanier, Defendant. Case number: <u>CS-2022-441</u>	Indebtedness; Date filed: 01/20/2022	District Court of Oklahoma County Court Name 320 Robert S. Kerr Ave Number Street Oklahoma City OK 73102 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title: American Express National Bank, Plaintiff, v. James Lanier, Defendant. Case number: <u>CJ-2022-1029</u>	Indebtedness; Date filed: 03/07/2022	District Court of Oklahoma County Court Name 320 Robert S. Kerr Ave Number Street Oklahoma City OK 73102 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: American Express National Bank, Plaintiff, v. James Lanier, Defendant. Case number: <u>CS-2022-1309</u>	Indebtedness; Date filed: 03/07/2022	District Court of Oklahoma County Court Name 320 Robert S. Kerr Ave Number Street Oklahoma City OK 73102 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: Cavalry SPV I, LLC, Plaintiff, v. James S. Lanier, Defendant. Case number: <u>CS-2021-3965</u>	Indebtedness; Date filed: 06/17/2021	District Court of Oklahoma County Court Name 320 Robert S. Kerr Ave Number Street Oklahoma City OK 73102 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Cavalry SPV I, LLC Creditor's Name PO Box 32738 Number Street Oklahoma City OK 73123 City State ZIP Code	Describe the property	Date	Value of the property
	Indebtedness	<u>06/2022</u>	\$ <u>2,008.00</u>
<b>Explain what happened</b>			
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.			

Debtor Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No  
 Yes. Fill in the details

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No  
 Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No  
 Yes. Fill in the details for each gift.

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No  
 Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No  
 Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Cecil W. Heaton  
 Person Who Was Paid  
 Heaton Law Firm  
 Number Street  
 2 E. 11th St, Suite 112

Edmond OK 73034  
 City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	08/04/2022	\$ 500.00 \$ _____

Debtor

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Access Credit Counseling Person Who Was Paid 633 W. 5th St, Suite 26001 Number Street Los Angeles CA 90071 City State ZIP Code	Credit Counseling	08/21/22	\$ 30.00 \$ _____	
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No  
 Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No  
 Yes. Fill in the details.

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy**

No  
 Yes. Fill in the details.

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No  
 Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

■ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium,

Debtor \_\_\_\_\_  
Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Debtor

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Teresa A Lanier

Signature of Debtor 1

 /s/ James S Lanier

Signature of Debtor 2

Date 10/14/2022Date 10/14/2022**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?** No Yes. Name of person \_\_\_\_\_

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Fill in this information to identify your case:

Debtor 1 **Teresa A Lanier**  
 First Name Middle Name Last Name

Debtor 2 **James S Lanier**  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Oklahoma

Case number (If known) \_\_\_\_\_

## Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 11,368.11
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) _____ Ordinary and necessary operating expenses _____ Net monthly income from a business, profession, or farm _____	Debtor 1      Debtor 2 \$ 0.00      \$ 0.00 - \$ 0.00 - \$ 0.00 \$ 0.00      \$ 0.00	\$ 0.00      \$ 0.00
	Copy here ➔	
6. Net income from rental and other real property Gross receipts (before all deductions) _____ Ordinary and necessary operating expenses _____ Net monthly income from rental or other real property _____	Debtor 1      Debtor 2 \$ 0.00      \$ 0.00 - \$ 0.00 - \$ 0.00 \$ 0.00      \$ 0.00	\$ 0.00      \$ 0.00
	Copy here ➔	

Debtor 1

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00	
8. Unemployment compensation	\$ 0.00	\$ 0.00	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: <span style="float: right;">↓</span>			
For you .....	\$ 0.00		
For your spouse .....	\$ 0.00		
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00	
	\$ 0.00	\$ 0.00	
	\$ 0.00	\$ 0.00	
Total amounts from separate pages, if any.	+ \$ 0.00	+ \$ 0.00	
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 0.00	+ \$ 11,368.11	= \$ 11,368.11
			Total average monthly income
<b>Part 2: Determine How to Measure Your Deductions from Income</b>			
12. Copy your total average monthly income from line 11.			\$ 11,368.11
13. Calculate the marital adjustment. Check one:			
<input type="checkbox"/> You are not married. Fill in 0 below.			
<input checked="" type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 below.			
<input type="checkbox"/> You are married and your spouse is not filing with you.			
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.			
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.			
If this adjustment does not apply, enter 0 below.			
<hr style="width: 20%; margin: 0 auto;"/> <hr style="width: 20%; margin: 0 auto;"/> <hr style="width: 20%; margin: 0 auto;"/>			
Total .....	\$ 0.00	Copy here ➔	— 0.00
14. Your current monthly income. Subtract the total in line 13 from line 12.			\$ 11,368.11

Debtor 1 Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here ➔ ..... \$ 11,368.11

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ 136,417.32

## 16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. OK16b. Fill in the number of people in your household. 216c. Fill in the median family income for your state and size of household. .... \$ 66,786.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

## 17. How do the lines compare?

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. Copy your total average monthly income from line 11. .... \$ 11,368.11

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... — \$ 0.00

19b. Subtract line 19a from line 18.

\$ 11,368.11

## 20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. .... \$ 11,368.11

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form.

\$ 136,417.32

20c. Copy the median family income for your state and size of household from line 16c.

\$ 66,786.00

## 21. How do the lines compare?

 Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Teresa A Lanier

Signature of Debtor 1

**X** /s/ James S Lanier

Signature of Debtor 2

Date 10/14/2022

MM / DD / YYYY

Date 10/14/2022

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

## Fill in this information to identify your case:

Debtor 1	Teresa A Lanier	
	First Name	Middle Name
Debtor 2	James S Lanier	
(Spouse, if filing)	First Name	Middle Name
	Last Name	

United States Bankruptcy Court for the: Western District of Oklahoma

Case number  
(If known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

4/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

## 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

6. <b>Food, clothing, and other items:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.	<u>\$1,410.00</u>
7. <b>Out-of-pocket health care allowance:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.	



Debtor 1

Teresa A Lanier & James S Lanier  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.

1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 534.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

## Vehicle 1

Describe Vehicle 1: \_\_\_\_\_  
\_\_\_\_\_

## 13a. Ownership or leasing costs using IRS Local Standard

13a. \$ 588.00

## 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

## Name of each creditor for Vehicle 1

## Average monthly payment

\$ 0.00

+ \$ 0.00

Total average monthly payment

\$ 0.00

Copy here ➔

- \$ 0.00

Repeat this amount on line 33b.

## 13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. ....

\$ 0.00

Copy net Vehicle 1 expense here ➔

\$ 0.00

## Vehicle 2

Describe Vehicle 2: \_\_\_\_\_  
\_\_\_\_\_

## 13d. Ownership or leasing costs using IRS Local Standard.....

\$ 588.00

## 13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

## Name of each creditor for Vehicle 2

## Average monthly payment

\$ 0.00

+ \$ 0.00

Total average monthly payment

\$ 0.00

Copy here ➔

- \$ 0.00

Repeat this amount on line 33c.

## 13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. ....

\$ 0.00

Copy net Vehicle 2 expense here ➔

\$ 0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$2,511.17  
Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$0.00  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$294.29  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or \$0.00  
 for your physically or mentally challenged dependent child if no public education is available for similar services.

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00  
Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$0.00  
Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$0.00  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.

**24. Add all of the expenses allowed under the IRS expense allowances.**

Add lines 6 through 23.

\$5,626.46**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$419.22</u>
Disability insurance	<u>\$62.43</u>
Health savings account	<u>+ \$249.99</u>
Total	<u>\$731.64</u>

Copy total here ➔ .....

\$731.64

Do you actually spend this total amount?

 No. How much do you actually spend?\$ \_\_\_\_\_ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00  
By law, the court must keep the nature of these expenses confidential.

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. **\$0.00**

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. **\$0.00**

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. **\$0.00**

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). **+ 100.00**

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31. **\$831.64**

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

#### Average monthly payment

##### Mortgages on your home

33a. Copy line 9b here..... ➔ **\$ 1,795.00**

##### Loans on your first two vehicles

33b. Copy line 13b here. .... ➔ **\$ 0.00**

33c. Copy line 13e here. .... ➔ **\$ 0.00**

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No **\$ 0.00**

Yes

No **\$ 0.00**

Yes

No **+ \$ 0.00**

Yes

33e. Total average monthly payment. Add lines 33a through 33d. .... **\$ 1,795.00**

Copy total here ➔

**\$ 1,795.00**

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

 No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = + \$ _____
Total		\$ 0.00	<b>Copy total here ➔ \$ 0.00</b>

## 35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

 No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. ..... \$ 0.00 ÷ 60 \$ 0.00

## 36. Projected monthly Chapter 13 plan payment

\$ 2,172.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 5.5%

\$ 119.46

**Copy total here ➔**

\$ 119.46

Average monthly administrative expense

## 37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ 1,914.46

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances.....

\$ 5,626.46

Copy line 32, All of the additional expense deductions.....

\$ 831.64

Copy line 37, All of the deductions for debt payment.....

+\$ 1,914.46

\$ 8,372.56

**Copy total here ➔**

\$ 8,372.56

Total deductions

Debtor 1 **Teresa A Lanier & James S Lanier**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** ..... \$ 11,368.140. **Fill in any reasonably necessary income you receive for support for dependent children.**The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.0041. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 2,882.3342. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ..... ➔ \$ 8,372.5643. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
<b>Total</b>	<b>\$ 0.00</b> ➔ <b>Copy here</b> + <b>\$ 0.00</b>
44. <b>Total adjustments.</b> Add lines 40 through 43.	➔ <b>\$ 11,254.89</b> ➔ <b>Copy total here</b> ➔ <b>-\$ 11,254.89</b>
45. <b>Calculate your monthly disposable income under § 1325(b)(2).</b> Subtract line 44 from line 39.	<b>\$ 113.22</b>

**Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

Teresa A Lanier &amp; James S Lanier

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 4:

## Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ Teresa A Lanier

Signature of Debtor 1

Date 10/14/2022  
MM / DD / YYYY

/s/ James S Lanier

Signature of Debtor 2

Date 10/14/2022  
MM / DD / YYYY

AMERICAN EXPRESS NATIONAL BANK  
PO BOX 271  
BENTONVILLE AR 72712

AMERICAN RECOVERY SERVICE INC  
555 ST CHARLES DRIVE  
SUITE 100  
THOUSAND OAKS CA 91360

AMEX  
PO BOX 297871  
FORT LAUDERDALE FL 33329

BEST BUYCBNA  
50 NORTHWEST POINT ROAD  
ELK GROVE VILLAGE IL 60007

CAVALRY SPV I LLC  
PO BOX 32738  
OKLAHOMA CITY OK 73123

FAIRCLOUD HOA  
1326 FRETZ DR  
EDMOND OK 73003

HOOD STACY PA  
PO BOX 271  
BENTONVILLE AR 72712

HOOD STACY PA  
PO BOX 271  
BENTONVILLE AR 72712

JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 11407  
BIRMINGHAM AL 35246

JPMCB CARD  
PO BOX 15369  
WILMINGTON DE 19850

LOVE BEAL AND NIXON  
PO BOX 32738  
OKLAHOMA CITY OK 73123

LVNV FUNDING LLC  
PO BOX 1269  
GREENVILLE SC 29602

LVNV FUNDING LLC  
PO BOX 32738  
OKLAHOMA CITY OK 73123

**MACYSCBNA**  
PO BOX 8218  
MASON OH 45040

**MARRIOTT**  
1200 HWY 98 SOUTH INTERNATIONAL  
LAKELAND FL 33801

**MARRIOTT OWNERSHIP RES**  
1200 BARTOW RD STE A  
LAKELAND FL 33801

**MIDLAND CREDIT MANAGEMENT**  
PO BOX 301030  
LOS ANGELES CA 90030

**NAVIENT**  
PO BOX 9655  
WILKES BARRE PA 18773

**NORDSTMTD**  
13531 E CALEY AV  
ENGLEWOOD CO 80111

**NSTARCOOPER**  
350 HIGHLAND  
HOUSTON TX 77067

**PORTFOLIO**  
120 CORPORATE BLVD STE 1  
NORFOLK VA 23502

**PORTFOLIO RECOV ASSOC**  
150 CORPORATE BLVD  
NORFOLK VA 23502

**RADIUS GLOBAL SOLUTIONS LLC**  
PO BOX 357  
RAMSEY NJ 07446

**WFDILLARD**  
PO BOX 14517  
DES MOINES IA 50306

United States Bankruptcy Court  
Western District of Oklahoma

In re: Teresa A Lanier & James S Lanier

Case No.

Chapter 13

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/14/2022

/s/ Teresa A Lanier

Signature of Debtor

/s/ James S Lanier

Signature of Joint Debtor

Certificate Number: 15317-OKW-CC-036773579



15317-OKW-CC-036773579

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 21, 2022, at 2:07 o'clock PM PDT, Teresa A Lanier received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 21, 2022 By: /s/Lea Sorino

Name: Lea Sorino

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 15317-OKW-CC-036773581



15317-OKW-CC-036773581

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 21, 2022, at 2:07 o'clock PM PDT, James S Lanier received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 21, 2022 By: /s/Lea Sorino

Name: Lea Sorino

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
WESTERN DISTRICT OF OKLAHOMA

IN RE: \_\_\_\_\_  
Teresa A. Lanier \_\_\_\_\_  
Debtor. \_\_\_\_\_  
Case No. 22-\_\_\_\_\_ - \_\_\_\_\_  
Chapter 13

**PAY ADVICE COVER SHEET**

The following pay advice/income record information is filed on behalf of the debtors:

Pay advices are attached as follows:

Employer	Beginning Date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

The debtor certifies by his/her signature below that he/she has no pay records because:

Unemployed  
\_\_\_\_\_

Dated on the 14th day of October, 2022.

s/Teresa A. Lanier

(Debtor Signature)



Pro se Debtor



Represented by Counsel

s/ Cecil W. Heaton

Cecil W. Heaton

20502

2 East 11th, Suite #112 Edmond, OK 73034

Telephone Number (405) 330-8184

Fax Number (405) 330-8183

cecilheaton@SBCGlobal.net

Counsel for Debtor

IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
WESTERN DISTRICT OF OKLAHOMA

IN RE: \_\_\_\_\_  
James Steven Lanier \_\_\_\_\_  
Debtor. \_\_\_\_\_  
Case No. 22 - \_\_\_\_\_ - JDL  
Chapter 13

**PAY ADVICE COVER SHEET**

The following pay advice/income record information is filed on behalf of the debtors:

Pay advices are attached as follows:

Employer United Healthcare	Beginning Date 04/01/2022	Ending Date 09/30/2022
_____	_____	_____
_____	_____	_____
_____	_____	_____

The debtor certifies by his/her signature below that he/she has no pay records because:

Dated on the 14th day of October, 2022.

s/James Steven Lanier

(Debtor Signature)



Pro se Debtor



Represented by Counsel

s/ Cecil W. Heaton

Cecil W. Heaton

20502

2 East 11th, Suite #112 Edmond, OK 73034

Telephone Number (405) 330-8184

Fax Number (405) 330-8183

cecilheaton@SBCGlobal.net

Counsel for Debtor

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 03/13/2022  
Pay End Date: 03/26/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000048690197  
Advice Date: 04/01/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Employee ID:	000755669	Marital Status:	Married	Resident
Department:	77525-E&I Texas	Allowances:	2	Work
Location:	OKLAHOMA CITY-755 RESEARCH PKW	% Gross AZ:		Married
Job Title:	KA Acct Exec Opt-Out Mkt	Addl. Amount:		
Pay Rate:	\$72,414.00 Annual			
FLSA Status:	Exempt			

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

Marital Status:	Married	2	2
Allowances:	2	2	2
% Gross AZ:			
Addl. Amount:			

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular			2,785.15	456.00	15,645.98	Fed Withholding	130.34	1,811.21
Regular	34.814423	-40.00	-1,392.58		0.00	Fed MED/EE	37.78	336.35
Planned PTO/Exempt	34.814423	40.00	1,392.58	104.00	3,577.02	Fed OASDI/EE	161.55	1,438.18
Sales Incentive			0.00		5,265.00	OK Withholding	57.00	586.00
Non-Taxable Expense Reimbur			0.00		108.82			
<b>TOTAL:</b>		<b>0.00</b>	<b>2,785.15</b>	<b>560.00</b>	<b>24,596.82</b>	<b>TOTAL:</b>	<b>386.67</b>	<b>4,171.74</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	83.55	734.65	401K Loan #1	451.61	3,161.27	401(K) Savings Plan	83.55	734.65
401(K) Savings Plan	473.48	4,162.96	Accident Insurance	7.45	52.15	401(K) Savings Plan	41.78	367.33
Dental Pre-Tax	23.17	162.19	Supplemental Spouse/DP AD&D	0.23	1.61	Employer Contribution HSA	38.46	269.22
Health Savings Account	115.38	807.66	SP/DP Supplemental Life	28.73	201.11	GTL Imputed Income*	85.90	601.30
Medical Pre-Tax	134.31	940.17	Critical Illness-Employee	11.54	80.78			
Premium Discount Reward	-17.71	-88.55	Critical Illness-Spouse	8.05	56.35			
Vision Pre-Tax	10.19	71.33	Mand DeducWrit (Amount)	589.62	2,025.09			
			Mand DeducWrit (Co. Fee)	10.00	20.00			
			Legal	6.23	43.61			
			Supplemental EE AD&D	1.53	10.71			
			Supp Lif: After-Tax	59.45	416.15			
			Stock Purchase Period 1	139.26	961.17			
			Recurring Empl Giving Pldg	10.00	70.00			
<b>TOTAL:</b>	<b>822.37</b>	<b>6,790.41</b>	<b>TOTAL:</b>	<b>1,323.70</b>	<b>7,100.00</b>	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,785.15	2,048.68	386.67	2,146.07	252.41
YTD 24,596.82	18,298.89	4,171.74	13,890.41	6,534.67

NET PAY DISTRIBUTION				
LEAVE PLAN	Payment Type	Account Type	Account Number	Amount
Paid Time Off: 60.31			*****8874	252.41
Purchased PTO: 0.00				
Dis Reserve: 0.00				
				<b>252.41</b>
<b>TOTAL:</b>				

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 03/27/2022  
Pay End Date: 04/09/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000048884621  
Advice Date: 04/15/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	Married
Allowances:	2	2		2
% Gross AZ:				
Addl.				
Amount:				

JAMES STEVEN LANIER 2009 POWDERHORN EDMOND, OK 73034	Employee ID: 000755669 Department: 77525-E&I Texas Location: OKLAHOMA CITY-755 RESEARCH PKW Job Title: KA Acct Exec Opt-Out Mkt Pay Rate: \$72,414.00 Annual FLSA Status: Exempt	Business Unit: UHGID Advice #: 000000048884621 Advice Date: 04/15/2022
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HOURS AND EARNINGS					TAXES		
Description	Rate	Current Hours	YTD Hours	Earnings	Description	Current	YTD
Regular					Fed Withholding	148.68	1,959.89
Sales Incentive				108.00	Fed MED/EE	39.35	375.70
Non-Taxable Expense Reimbur				12.87	Fed OASDI/EE	168.25	1,606.43
Planned PTO/Exempt				0.00	OK Withholding	61.00	647.00
<b>TOTAL:</b>		<b>0.00</b>	<b>2,906.02</b>	<b>640.00</b>	<b>TOTAL:</b>	<b>417.28</b>	<b>4,589.02</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	86.79	821.44	401K Loan #1	451.61	3,612.88	401(K) Savings Plan	86.79	821.44
401(K) Savings Plan	491.84	4,654.80	Accident Insurance	7.45	59.60	401(K) Savings Plan	43.40	410.73
Dental Pre-Tax	23.17	185.36	Supplemental Spouse/DP AD&D	0.23	1.84	Employer Contribution HSA	38.46	307.68
Health Savings Account	115.38	923.04	SP/DP Supplemental Life	28.73	229.84	GTL Imputed Income*	85.90	687.20
Medical Pre-Tax	134.31	1,074.48	Critical Illness-Employee	11.54	92.32			
Premium Discount Reward	-17.71	-106.26	Critical Illness-Spouse	8.05	64.40			
Vision Pre-Tax	10.19	81.52	Mand DeducWrit (Amount)	158.19	2,183.28			
			Mand DeducWrit (Co. Fee)	10.00	30.00			
<b>TOTAL:</b>	<b>843.97</b>	<b>7,634.38</b>	Legal	6.23	49.84			
			Supplemental EE AD&D	1.53	12.24			
			Supp Lifc After-Tax	59.45	475.60			
			Stock Purchase Period 1	139.26	1,100.43			
			Recurring Empl Giving Pldg	10.00	80.00			
			<b>TOTAL:</b>	<b>892.27</b>	<b>7,992.27</b>	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,906.02	2,135.08	417.28	1,736.24	752.50
YTD 27,502.84	20,433.97	4,589.02	15,626.65	7,287.17

LEAVE PLAN	
Paid Time Off:	68.92
Purchased PTO:	0.00
Dis Reserve:	0.00

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000048884621	Checking	*****8874	752.50
<b>TOTAL:</b>			<b>752.50</b>

United HealthCare Services Inc.  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 04/10/2022  
Pay End Date: 04/23/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000049081343  
Advice Date: 04/29/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	2	2	
% Gross AZ:				
Addl. Amount:				

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

#### HOURS AND EARNINGS

Description	Rate	Current Hours	Earnings	Hours	YTD Earnings
Regular			2,785.15	616.00	21,216.28
Sales Incentive			0.00		5,373.00
Planned PTO/Exempt			0.00	104.00	3,577.02
Non-Taxable Expense Reimbur			0.00		121.69
<b>TOTAL:</b>		<b>0.00</b>	<b>2,785.15</b>	<b>720.00</b>	<b>30,287.99</b>

#### TAXES

Description	Current	YTD
Fed Withholding	130.34	2,090.23
Fed MED/EE	37.78	413.48
Fed OASDI/EE	161.56	1,767.99
OK Withholding	57.00	704.00

**TOTAL:** **386.68** **4,975.70**

#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD
401(K) Savings Plan	83.55	904.99
401(K) Savings Plan	473.48	5,128.28
Dental Pre-Tax	23.17	208.53
Health Savings Account	115.38	1,038.42
Medical Pre-Tax	134.31	1,208.79
Premium Discount Reward	-17.71	-123.97
Vision Pre-Tax	10.19	91.71
<b>TOTAL:</b>	<b>822.37</b>	<b>8,456.75</b>

#### AFTER-TAX DEDUCTIONS

Description	Current	YTD
401K Loan #1	451.61	4,064.49
Accident Insurance	7.45	67.05
Supplemental Spouse/DP AD&D	0.23	2.07
SP/DP Supplemental Life	28.73	258.57
Critical Illness-Employee	11.54	103.86
Critical Illness-Spouse	8.05	72.45
Mand DeducWrit (Amount)	163.08	163.08
Mand DeducWrit (Co. Fee)	10.00	10.00
Legal	6.23	56.07
Supplemental EE AD&D	1.53	13.77
Supp Life After-Tax	59.45	535.05
Stock Purchase Period 1	139.26	1,239.69
Recurring Empl Giving Pldg	10.00	90.00
<b>TOTAL:</b>	<b>CONTINUED NEXT PAGE</b>	<b>*TAXABLE</b>

#### EMPLOYER PAID BENEFITS

Description	Current	YTD
401(K) Savings Plan	83.55	904.99
401(K) Savings Plan	41.78	452.51
Employer Contribution HSA	38.46	346.14
GTL Imputed Income*	85.90	773.10

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,785.15	2,048.68	386.68	1,719.53	678.94
YTD 30,287.99	22,482.65	4,975.70	17,346.18	7,966.11

#### LEAVE PLAN

Paid Time Off:	77.54
Purchased PTO:	0.00
Dis Reserve:	0.00

#### NET PAY DISTRIBUTION

Payment Type	Account Type	Account Number	Amount
Advice #000000049081343	Checking	*****8874	678.94
<b>TOTAL:</b>			<b>678.94</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 04/24/2022  
Pay End Date: 05/07/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000049279422  
Advice Date: 05/13/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	Married	Married	
% Gross AZ:			2	
Addl. Amount:				

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

Resident	Married	Married
2	2	2

#### HOURS AND EARNINGS

Description	Rate	Current Hours	Earnings	Hours	YTD Earnings
Regular			2,785.15	696.00	24,001.43
Non-Taxable Expense Reimbur			223.43		345.12
Sales Incentive			0.00		5,373.00
Planned PTO/Exempt			0.00	104.00	3,577.02

#### TAXES

Description	Current	YTD
Fed Withholding	130.34	2,220.57
Fed MED/EE	37.78	451.26
Fed OASDI/EE	161.55	1,929.54
OK Withholding	57.00	761.00

TOTAL:	0.00	3,008.58	800.00	33,296.57	TOTAL:	386.67	5,362.37
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#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD
401(K) Savings Plan	83.55	988.54
401(K) Savings Plan	473.48	5,601.76
Dental Pre-Tax	23.17	231.70
Health Savings Account	115.38	1,153.80
Medical Pre-Tax	134.31	1,343.10
Premium Discount Reward	-17.71	-141.68
Vision Pre-Tax	10.19	101.90

#### AFTER-TAX DEDUCTIONS

Description	Current	YTD
401K Loan #1	451.61	4,516.10
Accident Insurance	7.45	74.50
Supplemental Spouse/DP AD&D	0.23	2.30
SP/DP Supplemental Life	28.73	287.30
Critical Illness-Employee	11.54	115.40
Critical Illness-Spouse	8.05	80.50
Legal	6.23	62.30
Supplemental EE AD&D	1.53	15.30
Supp Life After-Tax	59.45	594.50
Stock Purchase Period 1	139.26	1,378.95
Recurring Empl Giving Pldg	10.00	100.00
Mand Deduc-Writ (Total)	0.00	2,213.28
Mand Deduc-Writ (Total)	0.00	173.08

#### EMPLOYER PAID BENEFITS

Description	Current	YTD
401(K) Savings Plan	83.55	988.54
401(K) Savings Plan	41.78	494.29
Employer Contribution HSA	38.46	384.60
GTL Imputed Income*	85.90	859.00

TOTAL:	822.37	9,279.12
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TOTAL:	724.08	9,613.51
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\*TAXABLE

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 3,008.58	2,048.68	386.67	1,546.45	1,075.46
YTD 33,296.57	24,531.33	5,362.37	18,892.63	9,041.57

#### LEAVE PLAN

Paid Time Off:	86.15
Purchased PTO:	0.00
Dis Reserve:	0.00

#### NET PAY DISTRIBUTION

Payment Type	Account Type	Account Number	Amount
Advice #000000049279422	Checking	*****8874	1,075.46
TOTAL:			1,075.46

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 05/08/2022  
Pay End Date: 05/21/2022  
(800)561-0861

Business Unit: UHGD  
Advicc #: 000000049477333  
Advice Date: 05/27/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	Married	Married	
% Gross AZ:			2	
Addl.				
Amount:				

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular			2,785.15	776.00	26,786.58	Fed Withhdng	589.04	2,809.61
Sales Incentive			2,656.00		8,029.00	Fed MED/EE	76.30	527.56
Planned PTO/Exempt			0.00	104.00	3,577.02	Fed OASDI/EE	326.23	2,255.77
Non-Taxable Expense Reimbur			0.00		345.12	OK Withholding	158.00	919.00
<b>TOTAL:</b>		<b>0.00</b>	<b>5,441.15</b>	<b>880.00</b>	<b>38,737.72</b>	<b>TOTAL:</b>	<b>1,149.57</b>	<b>6,511.94</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	163.23	1,151.77	401K Loan #1	451.61	4,967.71	401(K) Savings Plan	163.23	1,151.77
401(K) Savings Plan	925.00	6,526.76	Accident Insurance	7.45	81.95	401(K) Savings Plan	81.62	575.91
Dental Pre-Tax	23.17	254.87	Supplemental Spouse/DP AD&D	0.23	2.53	Employer Contribution HSA	38.46	423.06
Health Savings Account	115.38	1,269.18	SP/DP Supplemental Life	28.73	316.03	GTL Imputed Income*	85.90	944.90
Medical Pre-Tax	134.31	1,477.41	Critical Illness-Employee	11.54	126.94			
Premium Discount Reward	-17.71	-159.39	Critical Illness-Spouse	8.05	88.55			
Vision Pre-Tax	10.19	112.09	Legal	6.23	68.53			
			Supplemental EE AD&D	1.53	16.83			
			Supp Life After-Tax	59.45	653.95			
			Stock Purchase Period 1	139.26	1,518.21			
			Recurring Empl Giving Pldg	10.00	110.00			
			Mand Deduc-Writ (Total)	0.00	2,213.28			
			Mand Deduc-Writ (Total)	0.00	173.08			
<b>TOTAL:</b>	<b>1,353.57</b>	<b>10,632.69</b>	<b>TOTAL:</b>	<b>724.08</b>	<b>10,337.59</b>	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	5,441.15	4,173.48	1,149.57	2,077.65
YTD	38,737.72	28,704.81	6,511.94	11,255.50

LEAVE PLAN		NET PAY DISTRIBUTION			
Paid Time Off:	94.77	Payment Type	Account Type	Account Number	Amount
Purchased PTO:	0.00	Advice #000000049477333	Checking	*****8874	2,213.93
Dis Reserve:	0.00				
<b>TOTAL:</b>					<b>2,213.93</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 05/22/2022  
Pay End Date: 06/04/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000049675537  
Advice Date: 06/10/2022  
Employer ID: 411289245

		TAX DATA:		Federal	OK State	OK State
JAMES STEVEN LANIER 2009 POWDERHORN EDMOND, OK 73034	Employee ID: 000755669 Department: 77525-E&I Texas Location: OKLAHOMA CITY-755 RESEARCH PKW Job Title: KA Acct Exec Opt-Out Mkt Pay Rate: \$72,414.00 Annual FLSA Status: Exempt	Marital Status: Married Allowances: 2 % Gross AZ: Addl. Amount:	Resident Married 2 Addl. Amount:	Work Married 2 2		

HOURS AND EARNINGS					TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Current	YTD
Regular			2,785.15	856.00	29,571.73	130.34	2,939.95
Sales Incentive			0.00		8,029.00	37.78	565.34
Planned PTO/Exempt			0.00	104.00	3,577.02	161.55	2,417.32
Non-Taxable Expense Reimbur			0.00		345.12	57.00	976.00
<b>TOTAL:</b>		<b>0.00</b>	<b>2,785.15</b>	<b>960.00</b>	<b>41,522.87</b>	<b>TOTAL:</b>	<b>386.67</b>
							<b>6,898.61</b>

BEFORE-TAX DEDUCTIONS		AFTER-TAX DEDUCTIONS		EMPLOYER PAID BENEFITS	
Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	83.55	1,235.32	401K Loan #1	451.61	5,419.32
401(K) Savings Plan	473.48	7,000.24	Accident Insurance	7.45	89.40
Dental Pre-Tax	23.17	278.04	Supplemental Spouse/DP AD&D	0.23	2.76
Health Savings Account	115.38	1,384.56	SP/DP Supplemental Life	28.73	344.76
Medical Pre-Tax	134.31	1,611.72	Critical Illness-Employee	11.54	138.48
Premium Discount Reward	-17.71	-177.10	Critical Illness-Spouse	8.05	96.60
Vision Pre-Tax	10.19	122.28	Legal	6.23	74.76
<b>TOTAL:</b>	<b>822.37</b>	<b>11,455.06</b>	<b>TOTAL:</b>	<b>724.08</b>	<b>11,061.67</b>
					<b>*TAXABLE</b>

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,785.15	2,048.68	386.67	1,546.45	852.03
YTD 41,522.87	30,753.49	6,898.61	22,516.73	12,107.53

LEAVE PLAN	
Paid Time Off:	103.38
Purchased PTO:	0.00
Dis Reserve:	0.00

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000049675537	Checking	*****8874	852.03
<b>TOTAL:</b>			<b>852.03</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 06/05/2022  
Pay End Date: 06/18/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000049875965  
Advice Date: 06/24/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	2	2	
% Gross AZ:				
Addl. Amount:				

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

#### HOURS AND EARNINGS

Description	Rate	Current	Hours	Earnings	YTD
		Hours			
Regular			2,785.15	936.00	32,356.88
Sales Incentive			910.00		8,939.00
Non-Taxable Expense Reimbur			91.33		436.45
Planned PTO/Exempt			0.00	104.00	3,577.02

**TOTAL:** 0.00 3,786.48 1,040.00 45,309.35 **TOTAL:** 646.05 7,544.66

#### TAXES

Description	Current	YTD
Fed Withholding	286.09	3,226.04
Fed MED/EE	50.98	616.32
Fed OASDI/EE	217.98	2,635.30
OK Withholding	91.00	1,067.00

#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
	Current	YTD		Current	YTD		Current	YTD
401(K) Savings Plan	110.85	1,346.17	401K Loan #1	451.61	5,870.93	401(K) Savings Plan	110.85	1,346.17
401(K) Savings Plan	628.18	7,628.42	Accident Insurance	7.45	96.85	401(K) Savings Plan	55.43	673.12
Dental Pre-Tax	23.17	301.21	Supplemental Spouse/DP AD&D	0.23	2.99	Employer Contribution HSA	38.46	499.98
Health Savings Account	115.38	1,499.94	SP/DP Supplemental Life	28.73	373.49	GTL Imputed Income*	85.90	1,116.70
Medical Pre-Tax	134.31	1,746.03	Critical Illness-Employee	11.54	150.02			
Premium Discount Reward	-17.71	-194.81	Critical Illness-Spouse	8.05	104.65			
Vision Pre-Tax	10.19	132.47	Legal	6.23	80.99			
			Supplemental EE AD&D	1.53	19.89			
			Supp Life After-Tax	59.45	772.85			
			Stock Purchase Period 1	139.26	1,796.73			
			Recurring Empl Giving Pldg	10.00	130.00			
			Mand Deduc-Writ (Total)	0.00	2,213.28			
			Mand Deduc-Writ (Total)	0.00	173.08			
<b>TOTAL:</b>	<b>1,004.37</b>	<b>12,459.43</b>	<b>TOTAL:</b>	<b>724.08</b>	<b>11,785.75</b>	<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 3,786.48	2,776.68	646.05	1,728.45	1,411.98
YTD 45,309.35	33,530.17	7,544.66	24,245.18	13,519.51

#### LEAVE PLAN

Paid Time Off:	112.00
Purchased PTO:	0.00
Dis Reserve:	0.00

#### NET PAY DISTRIBUTION

Payment Type	Account Type	Account Number	Amount
Advice #000000049875965	Checking	*****8874	1,411.98
<b>TOTAL:</b>			<b>1,411.98</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 06/19/2022  
Pay End Date: 07/02/2022  
(800)561-0861

Business Unit: UHGD  
Advice #: 000000050076759  
Advice Date: 07/08/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	2	2	
% Gross AZ:				
Addl.				
Amount:				

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular			2,785.15	1,016.00	35,142.03	Fed Withholding	130.34	3,356.38
Sales Incentive			0.00		8,939.00	Fed MED/EE	37.78	654.10
Planned PTO/Exempt			0.00	104.00	3,577.02	Fed OASDI/EE	161.55	2,796.85
Non-Taxable Expense Reimbur			0.00		436.45	OK Withholding	57.00	1,124.00
<b>TOTAL:</b>		<b>0.00</b>	<b>2,785.15</b>	<b>1,120.00</b>	<b>48,094.50</b>	<b>TOTAL:</b>	<b>386.67</b>	<b>7,931.33</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	83.55	1,429.72	401K Loan #1	451.61	6,322.54	401(K) Savings Plan	83.55	1,429.72
401(K) Savings Plan	473.48	8,101.90	Accident Insurance	7.45	104.30	401(K) Savings Plan	41.78	714.90
Dental Pre-Tax	23.17	324.38	Supplemental Spouse/DP AD&D	0.23	3.22	Employer Contribution HSA	38.46	538.44
Health Savings Account	115.38	1,615.32	SP/DP Supplemental Life	28.73	402.22	GTL Imputed Income*	85.90	1,202.60
Medical Pre-Tax	134.31	1,880.34	Critical Illness-Employee	11.54	161.56			
Premium Discount Reward	-17.71	-212.52	Critical Illness-Spouse	8.05	112.70			
Vision Pre-Tax	10.19	142.66	Legal	6.23	87.22			
<b>TOTAL:</b>	<b>822.37</b>	<b>13,281.80</b>	CONTINUED NEXT PAGE			*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,785.15	2,048.68	386.67	1,546.45
YTD	48,094.50	35,578.85	7,931.33	25,791.63

LEAVE PLAN	
Paid Time Off:	120.62
Purchased PTO:	0.00
Dis Reserve:	0.00
Personal:	0.00

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000050076759	Checking	*****8874	852.03
<b>TOTAL:</b>			<b>852.03</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 07/03/2022  
Pay End Date: 07/16/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000050278249  
Advice Date: 07/22/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	Married	Married	2
% Gross AZ:				
Addl. Amount:				

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

Resident	Work
2	2

#### HOURS AND EARNINGS

Description	Rate	Current	Hours	YTD	TAXES		
		Earnings			Current	YTD	
Regular		2,785.15	1,096.00	37,927.18	Fed Withholding	1,408.02	4,764.40
Sales Incentive		7,333.38		16,272.38	Fed MED/EE	144.12	798.22
Non-Taxable Expense Reimbur		242.80		679.25	Fed OASDI/EE	616.22	3,413.07
Planned PTO/Exempt		0.00	104.00	3,577.02	OK Withholding	335.00	1,459.00

**TOTAL:** 0.00 10,361.33 1,200.00 58,455.83 **TOTAL:** 2,503.36 10,434.69

#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD	Description	Current	YTD	EMPLOYER PAID BENEFITS		
401(K) Savings Plan	303.56	1,733.28	401K Loan #1	451.61	6,774.15	401(K) Savings Plan	303.56	1,733.28
401(K) Savings Plan	1,720.15	9,822.05	Accident Insurance	7.45	111.75	401(K) Savings Plan	151.78	866.68
Dental Pre-Tax	23.17	347.55	Supplemental Spouse/DP AD&D	0.23	3.45	Employer Contribution HSA	38.46	576.90
Health Savings Account	115.38	1,730.70	SP/DP Supplemental Life	28.73	430.95	GTL Imputed Income*	85.90	1,288.50
Medical Pre-Tax	134.31	2,014.65	Critical Illness-Employee	11.54	173.10			
Premium Discount Reward	-17.71	-230.23	Critical Illness-Spouse	8.05	120.75			
Vision Pre-Tax	10.19	152.85	Legal	6.23	93.45			

**TOTAL:** 2,289.05 15,570.85 **CONTINUED NEXT PAGE** \*TAXABLE

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 10,361.33	7,915.38	2,503.36	3,013.13	4,844.84
YTD 58,455.83	43,494.23	10,434.69	28,804.76	19,216.38

#### LEAVE PLAN

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000050278249	Checking	*****8874	4,844.84
<b>TOTAL:</b>			<b>4,844.84</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 07/17/2022  
Pay End Date: 07/30/2022  
(800)561-0861

Business Unit: UHGD  
Advice #: 000000050479646  
Advice Date: 08/05/2022

Employer ID: 411289245

TAX DATA:		Federal	OK State	OK State
Marital Status:	Married	Resident	Work	
Allowances:	2	2	2	
% Gross AZ:				
Addl.				
Amount:				

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

Resident	Work
Married	Married
2	2

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Regular			2,785.15	1,176.00	40,712.33	Fed Withholding	130.34	4,894.74
Sales Incentive			0.00		16,272.38	Fed MED/EE	37.78	836.00
Planned PTO/Exempt			0.00	104.00	3,577.02	Fed OASD/EE	161.56	3,574.63
Non-Taxable Expense Reimbur			0.00		679.25	OK Withholding	57.00	1,516.00
<b>TOTAL:</b>		<b>0.00</b>	<b>2,785.15</b>	<b>1,280.00</b>	<b>61,240.98</b>	<b>TOTAL:</b>	<b>386.68</b>	<b>10,821.37</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	83.55	1,816.83	401K Loan #1	451.61	7,225.76	401(K) Savings Plan	83.55	1,816.83
401(K) Savings Plan	473.48	10,295.53	Accident Insurance	7.45	119.20	401(K) Savings Plan	41.78	908.46
Dental Pre-Tax	23.17	370.72	Supplemental Spouse/DP AD&D	0.23	3.68	Employer Contribution HSA	38.46	615.36
Health Savings Account	115.38	1,846.08	SP/DP Supplemental Life	28.73	459.68	GTL Imputed Income*	85.90	1,374.40
Medical Pre-Tax	134.31	2,148.96	Critical Illness-Employee	11.54	184.64			
Premium Discount Reward	-17.71	-247.94	Critical Illness-Spouse	8.05	128.80			
Vision Prc-Tax	10.19	163.04	Legal	6.23	99.68			
			Supplemental EE AD&D	1.53	24.48			
			Supp Life After-Tax	59.45	951.20			
			Stock Purchase Period 2	139.26	417.78			
			Recurring Empl Giving Pldg	10.00	160.00			
			Mand Deduc-Writ (Total)	0.00	2,213.28			
			Mand Deduc-Writ (Total)	0.00	173.08			
<b>TOTAL:</b>	<b>822.37</b>	<b>16,393.22</b>	CONTINUED NEXT PAGE			*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,785.15	2,048.68	386.68	1,546.45	852.02
YTD	61,240.98	45,542.91	10,821.37	30,351.21	20,068.40

LEAVE PLAN	
Paid Time Off:	137.85
Purchased PTO:	0.00
Sick:	0.00
Personal:	0.00

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000050479646	Checking	*****8874	500.00
	Checking	*****4797	352.02
<b>TOTAL:</b>			<b>852.02</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN-OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 07/31/2022  
Pay End Date: 08/13/2022  
(800)561-0861

Business Unit: UHGD  
Advice #: 000000050682140  
Advice Date: 08/19/2022  
Employer ID: 411289245

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status: Exempt

TAX DATA: Federal OK State OK State  
Resident Work  
Marital Status: Married Married Married  
Allowances: 2 2 2  
% Gross AZ:  
Addl. Amount:

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Description	Current		YTD
	Rate	Hours	Earnings	Hours	Earnings	Fed Withholding	1,408.02	6,302.76
Regular			2,785.15	1,256.00	43,497.48	Fed MED/EE	144.12	980.12
Sales Incentive			7,333.38		23,605.76	Fed OASDI/EE	616.22	4,190.85
Non-Taxable Expense Reimbur			15.63		694.88	OK Withholding	335.00	1,851.00
Planned PTO/Exempt			0.00	104.00	3,577.02			
<b>TOTAL:</b>		<b>0.00</b>	<b>10,134.16</b>	<b>1,360.00</b>	<b>71,375.14</b>	<b>TOTAL:</b>	<b>2,503.36</b>	<b>13,324.73</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(K) Savings Plan	303.56	2,120.39	401K Loan #1	451.61	7,677.37	401(K) Savings Plan	303.56	2,120.39
401(K) Savings Plan	1,720.15	12,015.68	Accident Insurance	7.45	126.65	401(K) Savings Plan	151.78	1,060.24
Dental Pre-Tax	23.17	393.89	Supplemental Spouse/DP AD&D	0.23	3.91	Employer Contribution HSA	38.46	653.82
Health Savings Account	115.38	1,961.46	SP/DP Supplemental Life	28.73	488.41	GTL Imputed Income*	85.90	1,460.30
Medical Pre-Tax	134.31	2,283.27	Critical Illness-Employee	11.54	196.18			
Premium Discount Reward	-17.71	-265.65	Critical Illness-Spouse	8.05	136.85			
Vision Pre-Tax	10.19	173.23	Legal	6.23	105.91			
<b>TOTAL:</b>	<b>2,289.05</b>	<b>18,682.27</b>	<b>CONTINUED NEXT PAGE</b>			<b>*TAXABLE</b>		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	10,134.16	7,915.38	2,503.36	4,617.67
YTD	71,375.14	53,458.29	13,324.73	24,686.07

LEAVE PLAN	
Paid Time Off:	146.46
Purchased PTO:	0.00
Sick:	0.00
Personal:	0.00

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account Number	Amount
Advice #000000050682140	Checking	*****8874	500.00
	Checking	*****4797	4,117.67
<b>TOTAL:</b>			<b>4,617.67</b>

United HealthCare Services Inc  
OPERATING AS: UNITEDHEALTHCARE  
ATTN-OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 08/14/2022  
Pay End Date: 08/27/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000050885053  
Advice Date: 09/02/2022

Employer ID: 411289245

TAX DATA: Federal OK State OK State

JAMES STEVEN LANIER 2009 POWDERHORN EDMOND, OK 73034	Employee ID: 000755669 Department: 77525-E&I Texas Location: OKLAHOMA CITY-755 RESEARCH PKW Job Title: KA Acct Exec Opt-Out Mkt Pay Rate: \$72,414.00 Annual FLSA Status: Exempt	Marital Status: Married Allowances: 2 % Gross AZ: Addl. Amount:	Resident Married 2 2 2
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#### HOURS AND EARNINGS

Description	Rate	Current Hours	Earnings	Hours	YTD	Earnings
Regular			2,785.15	1,336.00		46,282.63
Sales Incentive			0.00			23,605.76
Planned PTO/Exempt			0.00	104.00		3,577.02
Non-Taxable Expense Reimbur			0.00			694.88

#### TAXES

Description	Current	YTD
Fed Withholding	130.34	6,433.10
Fed MED/EE	37.78	1,017.90
Fed OASDI/EE	161.55	4,352.40
OK Withholding	57.00	1,908.00

TOTAL:	0.00	2,785.15	1,440.00	74,160.29	TOTAL:	386.67	13,711.40
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#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD
401(K) Savings Plan	83.55	2,203.94
401(K) Savings Plan	473.48	12,489.16
Dental Pre-Tax	23.17	417.06
Health Savings Account	115.38	2,076.84
Medical Pre-Tax	134.31	2,417.58
Premium Discount Reward	-17.71	-283.36
Vision Pre-Tax	10.19	183.42

#### AFTER-TAX DEDUCTIONS

Description	Current	YTD
401K Loan #1	451.61	8,128.98
Accident Insurance	7.45	134.10
Supplemental Spouse/DP AD&D	0.23	4.14
SP/DP Supplemental Life	28.73	517.14
Critical Illness-Employee	11.54	207.72
Critical Illness-Spouse	8.05	144.90
Legal	6.23	112.14
Supplemental EE AD&D	1.53	27.54
Supp Life After-Tax	59.45	1,070.10
Stock Purchase Period 2	139.26	696.30
Recurring Empl Giving Pldg	10.00	180.00
Mand Deduc-Writ (Total)	0.00	2,213.28
Mand Deduc-Writ (Total)	0.00	173.08

#### EMPLOYER PAID BENEFITS

Description	Current	YTD
401(K) Savings Plan	83.55	2,203.94
401(K) Savings Plan	41.78	1,102.02
Employer Contribution HSA	38.46	692.28
GTL Imputed Income*	85.90	1,546.20

TOTAL:	822.37	19,504.64	CONTINUED NEXT PAGE	*TAXABLE
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TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,785.15	2,048.68	386.67	1,546.45
YTD	74,160.29	55,506.97	13,711.40	34,910.79

#### LEAVE PLAN

Paid Time Off:	155.08
Purchased PTO:	0.00
Sick:	0.00
Personal:	0.00

#### NET PAY DISTRIBUTION

Payment Type	Account Type	Account Number	Amount
Advice #000000050885053	Checking	*****8874	500.00
	Checking	*****4797	352.03

TOTAL: 852.03

## United HealthCare Services Inc

OPERATING AS: UNITEDHEALTHCARE  
ATTN--OPERATIONS, MN008-B213  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
Pay Begin Date: 08/14/2022  
Pay End Date: 08/27/2022  
(800)561-0861

Business Unit: UHGID  
Advice #: 000000050885053  
Advice Date: 09/02/2022

Employer ID:

JAMES STEVEN LANIER  
2009 POWDERHORN  
EDMOND, OK 73034

Employee ID: 000755669  
Department: 77525-E&I Texas  
Location: OKLAHOMA CITY-755 RESEARCH PKW  
Job Title: KA Acct Exec Opt-Out Mkt  
Pay Rate: \$72,414.00 Annual  
FLSA Status:

TAX DATA:	Federal	OK State	State
Marital Status:	Married	Resident	Work
Allowances:	2	Married	2
% Gross AZ:			
Addl. Amount:			

## HOURS AND EARNINGS

Description	Current			YTD		
	Rate	Hours	Earnings	Hours	Earnings	

## TAXES

Description	Current	YTD
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## BEFORE-TAX DEDUCTIONS

Description	Current	YTD
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## AFTER-TAX DEDUCTIONS

Description	Current	YTD
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## EMPLOYER PAID BENEFITS

Description	Current	YTD
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Stock Purchase Period 1	0.00	1,796.73
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<b>TOTAL:</b>	<b>724.08</b>	<b>15,406.15</b>
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**United HealthCare Services Inc**  
 OPERATING AS: UNITEDHEALTHCARE  
 ATTN-OPERATIONS, MN008-B213  
 9900 BREN ROAD EAST  
 MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
 Pay Begin Date: 08/28/2022  
 Pay End Date: 09/10/2022  
 (800)561-0861

Business Unit: UHGID  
 Advice #: 000000051088791  
 Advice Date: 09/16/2022

Employer ID: 411289245

TAX DATA: **Federal** **OK State** **OK State**

<b>JAMES STEVEN LANIER</b> 2009 POWDERHORN EDMOND, OK 73034	Employee ID: 000755669 Department: 77525-E&I Texas Location: OKLAHOMA CITY-755 RESEARCH PKW Job Title: KA Acct Exec Opt-Out Mkt Pay Rate: \$72,414.00 Annual FLSA Status: Exempt	Marital Status: Married Allowances: 2 % Gross AZ: Addl. Amount:	Resident Married 2 2 2
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#### HOURS AND EARNINGS

	Current Rate	Hours	YTD Hours	Earnings
Regular		2,785.15	1,416.00	49,067.78
Sales Incentive		7,333.38		30,939.14
Non-Taxable Expense Reimbur		171.23		866.11
Planned PTO/Exempt		0.00	104.00	3,577.02

#### TAXES

	Current	YTD
Fed Withholding	1,408.02	7,841.12
Fed MED/EE	144.12	1,162.02
Fed OASDI/EE	616.23	4,968.63
OK Withholding	335.00	2,243.00

<b>TOTAL:</b>	0.00	10,289.76	1,520.00	84,450.05	<b>TOTAL:</b>	2,503.37	16,214.77
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#### BEFORE-TAX DEDUCTIONS

	Current	YTD
401(K) Savings Plan	303.56	2,507.50
401(K) Savings Plan	1,720.15	14,209.31
Dental Pre-Tax	23.17	440.23
Health Savings Account	115.39	2,192.23
Medical Pre-Tax	134.31	2,551.89
Premium Discount Reward	-17.71	-301.07
Vision Pre-Tax	10.19	193.61

#### AFTER-TAX DEDUCTIONS

	Current	YTD
401K Loan #1	451.61	8,580.59
Accident Insurance	7.45	141.55
Supplemental Spouse/DP AD&D	0.23	4.37
SP/DP Supplemental Life	28.73	545.87
Critical Illness-Employee	11.54	219.26
Critical Illness-Spouse	8.05	152.95
Legal	6.23	118.37
Supplemental EE AD&D	1.53	29.07
Supp Life After-Tax	59.45	1,129.55
Stock Purchase Period 2	139.26	835.56
Recurring Empl Giving Pldg	10.00	190.00
Mand Deduc-Writ (Total)	0.00	2,213.28
Mand Deduc-Writ (Total)	0.00	173.08

#### EMPLOYER PAID BENEFITS

	Current	YTD
401(K) Savings Plan	303.56	2,507.50
401(K) Savings Plan	151.78	1,253.80
Employer Contribution HSA	38.46	730.74
GTL Imputed Income*	85.90	1,632.10

<b>TOTAL:</b>	2,289.06	21,793.70	<b>CONTINUED NEXT PAGE</b>	<b>*TAXABLE</b>
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<b>TOTAL GROSS</b>	<b>FED TAXABLE GROSS</b>	<b>TOTAL TAXES</b>	<b>TOTAL DEDUCTIONS</b>	<b>NET PAY</b>
Current	10,289.76	7,915.37	2,503.37	3,013.14
YTD	84,450.05	63,422.34	16,214.77	37,923.93

#### LEAVE PLAN

Paid Time Off:	163.69
Purchased PTO:	0.00
Sick:	0.00
Personal:	0.00

#### NET PAY DISTRIBUTION

Payment Type	Account Type	Account Number	Amount
Advice #000000051088791	Checking	*****8874	500.00
	Checking	*****4797	4,273.25
<b>TOTAL:</b>			<b>4,773.25</b>

**United HealthCare Services Inc**  
 OPERATING AS: UNITEDHEALTHCARE  
 ATTN--OPERATIONS, MN008-B213  
 9900 BREN ROAD EAST  
 MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
 Pay Begin Date: 08/28/2022  
 Pay End Date: 09/10/2022  
 (800)561-0861

Business Unit: UHGID  
 Advice #: 000000051088791  
 Advice Date: 09/16/2022  
 Employer ID:

**JAMES STEVEN LANIER**  
 2009 POWDERHORN  
 EDMOND, OK 73034

Employee ID: 000755669  
 Department: 77525-E&I Texas  
 Location: OKLAHOMA CITY-755 RESEARCH PKW  
 Job Title: KA Acct Exec Opt-Out Mkt  
 Pay Rate: \$72,414.00 Annual  
 FLSA Status:

TAX DATA:	Federal	OK State	State
Marital Status:	Married	Resident	Work
Allowances:	2	Married	2
% Gross AZ:			
Addl. Amount:			

#### HOURS AND EARNINGS

Description	Current			YTD		
	Rate	Hours	Earnings	Hours	Earnings	

#### TAXES

Description	Current	YTD
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#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD
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#### AFTER-TAX DEDUCTIONS

Description	Current	YTD
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#### EMPLOYER PAID BENEFITS

Description	Current	YTD
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Stock Purchase Period 1	0.00	1,796.73
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<b>TOTAL:</b>	<b>724.08</b>	<b>16,130.23</b>
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**United HealthCare Services Inc**  
 OPERATING AS: UNITEDHEALTHCARE  
 ATTN-OPERATIONS, MN008-B213  
 9900 BREN ROAD EAST  
 MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
 Pay Begin Date: 09/11/2022  
 Pay End Date: 09/24/2022  
 (800)561-0861

Business Unit: UHGID  
 Advice #: 00000051293869  
 Advice Date: 09/30/2022

Employer ID: 411289245

TAX DATA: **Federal** **OK State** **OK State**

<b>JAMES STEVEN LANIER</b> 2009 POWDERHORN EDMOND, OK 73034	Employee ID: 000755669 Department: 77525-E&I Texas Location: OKLAHOMA CITY-755 RESEARCH PKW Job Title: KA Acct Exec Opt-Out Mkt Pay Rate: \$72,414.00 Annual FLSA Status: Exempt	Marital Status: Married Allowances: 2 % Gross AZ: Addl. Amount:	Resident Married 2 Married 2
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**HOURS AND EARNINGS**

<b>Description</b>	<b>Rate</b>	<b>Current Hours</b>	<b>Earnings</b>	<b>Hours</b>	<b>YTD</b>	<b>Earnings</b>
Regular			2,785.15	1,496.00		51,852.93
Sales Incentive			0.00			30,939.14
Planned PTO/Exempt			0.00	104.00		3,577.02
Non-Taxable Expense Reimbur			0.00			866.11

**TAXES**

<b>Description</b>	<b>Current</b>	<b>YTD</b>
Fed Withholding	130.34	7,914.46
Fed MED/EE	37.78	1,199.80
Fed OASDI/EE	161.55	5,130.18
OK Withholding	57.00	2,300.00

<b>TOTAL:</b>	<b>0.00</b>	<b>2,785.15</b>	<b>1,600.00</b>	<b>87,235.20</b>	<b>TOTAL:</b>	<b>386.67</b>	<b>16,601.44</b>
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**BEFORE-TAX DEDUCTIONS**

<b>Description</b>	<b>Current</b>	<b>YTD</b>
401(K) Savings Plan	83.55	2,591.05
401(K) Savings Plan	473.48	14,682.79
Dental Pre-Tax	23.17	463.40
Health Savings Account	115.39	2,307.62
Medical Pre-Tax	134.31	2,686.20
Premium Discount Reward	-17.70	-318.77
Vision Pre-Tax	10.19	203.80

**AFTER-TAX DEDUCTIONS**

<b>Description</b>	<b>Current</b>	<b>YTD</b>
401K Loan #1	451.61	9,032.20
Accident Insurance	7.45	149.00
Supplemental Spouse/DP AD&D	0.23	4.60
SP/DP Supplemental Life	28.73	574.60
Critical Illness-Employee	11.54	230.80
Critical Illness-Spouse	8.05	161.00
Legal	6.23	124.60
Supplemental EE AD&D	1.53	30.60
Supp Life After-Tax	59.45	1,189.00
Stock Purchase Period 2	139.26	974.82
Recurring Empl Giving Pldg	10.00	200.00
Mand Deduc-Writ (Total)	0.00	2,213.28
Mand Deduc-Writ (Total)	0.00	173.08

**EMPLOYER PAID BENEFITS**

<b>Description</b>	<b>Current</b>	<b>YTD</b>
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<b>TOTAL:</b>	<b>822.39</b>	<b>22,616.09</b>	<b>CONTINUED NEXT PAGE</b>	<b>*TAXABLE</b>
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<b>TOTAL GROSS</b>	<b>FED TAXABLE GROSS</b>	<b>TOTAL TAXES</b>	<b>TOTAL DEDUCTIONS</b>	<b>NET PAY</b>
Current	2,785.15	2,048.66	386.67	1,546.47
YTD	87,235.20	65,471.00	16,601.44	39,470.40

**LEAVE PLAN**

<b>Payment Type</b>	<b>Account Type</b>	<b>Account Number</b>	<b>Amount</b>
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Paid Time Off:	172.31	Advice #00000051293869	Checking	*****8874	500.00
Purchased PTO:	0.00		Checking	*****4797	352.01
Sick:	0.00				
Personal:	0.00				

**TOTAL:**

**852.01**

**United HealthCare Services Inc**  
 OPERATING AS: UNITEDHEALTHCARE  
 ATTN--OPERATIONS, MN008-B213  
 9900 BREN ROAD EAST  
 MINNETONKA, MN 55343

Pay Group: U10-Bi-Weekly Payroll  
 Pay Begin Date: 09/11/2022  
 Pay End Date: 09/24/2022  
 (800)561-0861

Business Unit: UHGID  
 Advice #: 000000051293869  
 Advice Date: 09/30/2022  
 Employer ID:

**JAMES STEVEN LANIER**  
 2009 POWDERHORN  
 EDMOND, OK 73034

Employee ID: 000755669  
 Department: 77525-E&I Texas  
 Location: OKLAHOMA CITY-755 RESEARCH PKW  
 Job Title: KA Acct Exec Opt-Out Mkt  
 Pay Rate: \$72,414.00 Annual  
 FLSA Status:

TAX DATA:	Federal	OK State	State
Marital Status:	Married	Resident	Work
Allowances:	2	Married	2
% Gross AZ:			
Addl. Amount:			

#### HOURS AND EARNINGS

Description	Current			YTD		
	Rate	Hours	Earnings	Hours	Earnings	

#### TAXES

Description	Current	YTD
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#### BEFORE-TAX DEDUCTIONS

Description	Current	YTD
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#### AFTER-TAX DEDUCTIONS

Description	Current	YTD
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#### EMPLOYER PAID BENEFITS

Description	Current	YTD
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Stock Purchase Period 1	0.00	1,796.73
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<b>TOTAL:</b>	<b>724.08</b>	<b>16,854.31</b>
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